

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

919891650  
P 56617

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 30            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 30 minus 20 = | 10                       |
| INDEPENDENT CLAIMS               | 4 minus 3 =   | 1                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

| SMALL ENTITY |        | OTHER THAN SMALL ENTITY |                  |
|--------------|--------|-------------------------|------------------|
| RATE         | FEES   | RATE                    | FEES             |
| BASIC FEE    | 370.00 | OR                      | BASIC FEE 740.00 |
| X\$ 9=       |        | OR                      | X\$18= 180       |
| X42=         |        | OR                      | X84= 84          |
| +140=        |        | OR                      | +280=            |
|              |        | OR                      | TOTAL 164        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

12/5/05 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|--------------------------|---|------------------|
|  | Total                                     | • 35                     | Minus                                       | • 30             |
| Independent                                    | • 7                                       | Minus                    | • 4   | • 3              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |

| SMALL ENTITY |                        | OTHER THAN SMALL ENTITY |                        |
|--------------|------------------------|-------------------------|------------------------|
| RATE         | ADDI-<br>TIONAL<br>FEE | RATE                    | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=       |                        | OR                      | X\$18= 150             |
| X42=         |                        | OR                      | X84= 600               |
| +140=        |                        | OR                      | +280=                  |
|              |                        | OR                      | TOTAL 4750             |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|--------------------------|---|------------------|
|  | Total                                     | •                        | Minus                                       | •                |
| Independent                                    | •   | Minus                    | •   | •                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |

| RATE   |  | ADDITIONAL FEE |                  |
|--------|--|----------------|------------------|
| X\$ 9= |  | OR             | X\$18=           |
| X42=   |  | OR             | X84=             |
| +140=  |  | OR             | +280=            |
|        |  | OR             | TOTAL ADDIT. FEE |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|--------------------------|---|------------------|
|  | Total                                     | •                        | Minus                                       | •                |
| Independent                                    | •   | Minus                    | •   | •                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |

| RATE   |  | ADDITIONAL FEE |                  |
|--------|--|----------------|------------------|
| X\$ 9= |  | OR             | X\$18=           |
| X42=   |  | OR             | X84=             |
| +140=  |  | OR             | +280=            |
|        |  | OR             | TOTAL ADDIT. FEE |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.